PTO/SB/01 (12-97)

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DECLARATION FOR UTILITY OR DESIGN			Attorney Docket Numb	er	PEA17US Simon Robert Walmsley		
			First Named Inventor				
PATENT APPLICATION				COMPLETE IF KNOWN			
(37 CFR 1.63)			Application Number				
X	Declaration Submitted with Initial Filing		Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Filing Date			
		OR		Group Art Unit			
				Examiner Name	•		
_							
ı	As a below nam	ed Inv	entor, I hereby declare that:				

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Additional inventors are being named on the

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## **DECLARATION** — Utility or Design Patent Application I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. U.S. Parent Application or PCT Parent **Parent Filing Date Parent Patent Number** Number (MM/DD/YYYY) (if applicable) Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Paten and Trademark Office connected therewith: Customer Number Place Customer OR Registered practitioner(s) name/registration number listed below Number Bar Code Label here Registration Registration Name Number Number Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: X Customer Number OR Correspondence address below 24011 or Bar Code Label Kia Silverbrook Name Silverbrook Research Pty Ltd Address 393 Darling Street <u>Address</u> 2041 Balmain NSW City State ZIP Australia Telephone 61-2-9818-6633 Country Fax 61-2-9555-7762 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Surname SIMON ROBERT WALMSLEY November Inventor's Walmeler Date Signature 28. 2003 Balmain NSW Australian Residence: City Australia Country Citizenship 393 Darling Street **Post Office Address Post Office Address** Balmain NSW 2041 Australia City Country

supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

## PEA17US

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## **DECLARATION**

**ADDITIONAL INVENTOR(S)** Supplemental Sheet Page 1\_\_ of \_\_\_ 1

Name of Additional Joint Inventor, if any:				A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any	<u>/</u> ])			Family N	lame or S	Surname	
RICHARD THOMAS				PLUN	KETT		
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Name of Additional Joint Inventor, if a	ny:			A petition has been f	iled for th	is unsigned inventor	
Given Name (first and middle [if any	/ <u>]</u> )	-	Family Name or Surname				
Inventor' s Signature						Date	
Residence: City	State			Country		Citizenship	
Mailing Address					_		
Mailing Address							
City	State			ZIP	Cou	intry	
Name of Additional Joint Inventor, if any:							
Given Name (first and middle [if any]	])		Family Name			or Surname	
Inventor' s Signature Date							
Residence: City	State			Country		Citizenship	
Mailing Address							
Mailing Address							
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